

GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD
DIVISION OF MASTER PLUMBERS AND JOURNEYMAN PLUMBERS

P.O. Box 13446

Macon, Georgia 31208

(478) 207-2440 [Telephone] (866) 888-9718 [Fax]

www.sos.ga.gov/plb/construct

MASTER & JOURNEYMAN PLUMBERS

STATEWIDE LICENSES

•••GENERAL INFORMATION•••

A complete Re-examination application packet includes:

- Application for License by re-examination Form plus 3 reference letters
- Examination Scheduling Form (AMP-GA22) (See deadline dates & fees listed on this form.)
- List of Reference Books You May Use to Study for the Examination
- List of Book Stores that Carry the Reference Books and Examination Review Courses
- Excerpts from Georgia Construction Industry Licensing Boards Laws and Rules
- List of Review Courses

OTHER MATERIALS MAILED TO APPLICANTS:

Approximately 45 Days Prior to the Examination

Letter from the Board notifying the applicant of approval or disapproval to take the examination. If approved, applicant will receive the Candidate Information Bulletin, which includes an outline of topics covered in the examination. ***It is your responsibility to send a scheduling form to the testing service by their required deadline!***

Approximately 2 Weeks Prior to the Examination

Admission Notice from AMP to scheduled applicant, giving the date and location of the examination, as requested on the AMP-GA22 form. [If you receive an approval letter from the Board, but do not receive an admission notice, contact AMP at (800) 345-6559.]

Approximately 45 Days After the Examination

Examination Results. Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date. Applicants who passed the examination will receive their license identification card.

LICENSES REQUIRED

Master Plumber Licenses are required of persons who contract for plumbing services.

Journeyman Plumber Licenses are required of persons, other than Master Plumbers, who install, maintain, alter, or repair plumbing fixtures and systems under the direction of a master plumber.

See §43-14-2 of the enclosed Excerpts from the Board Laws and Rules for definitions and §43-14-13 for exemptions to the requirements.

RESTRICTIONS ON STATEWIDE PLUMBER LICENSES

Statewide Journeyman Licenses are required of persons, other than licensed Master Plumbers, who install, maintain, alter, or repair plumbing fixtures and systems under the direction of a Master Plumber.

Statewide Master Plumber Licenses are required of persons who perform or contract to perform plumbing services. Statewide Class I Master Plumber Licenses are restricted to plumbing involving single family dwellings, one-level dwellings designed for no more than 2 families, and commercial structures not exceeding 10,000 square feet.

Statewide Class II Master Plumber Licenses are unrestricted.

REQUIREMENTS FOR A STATEWIDE PLUMBER LICENSE

1. Completed Application for License that is received in the Board office at least 60 days prior to the examination date.
2. **Nonrefundable** application fee of \$150: Check or money order made payable to "State Construction Industry Licensing Board." As provided by O.C.G.A. §16-9-20, a \$25.00 service fee will be assessed on dishonored checks.
3. Examination Scheduling Form (Submit GA-22) and examination fee that is received by AMP at least 40 days prior to the examination date.
4. Documented Experience: Document experience in plumbing work as would be covered by the Georgia State Plumbing Code. Applicants for master plumber license must document Primary Experience as defined in Board Rule 121-2-.02. Primary Experience is experience installing plumbing fixtures and systems, as a licensed master plumber, licensed journeyman plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber. Persons who have experience as a journeyman plumber, master plumber, or plumbing contractor in a state that does not require a license, or who have experience as a plumbing foreman or plumbing superintendent in a job setting exempted from the licensure requirements, may submit documentation of the requirement or exemption with their application. Applicants for Class II Unrestricted Master Plumber License must document experience in commercial or industrial plumbing.
5. References: Three (3) references from licensed plumbers (at least one Licensed Master Plumber) who can attest to your good character and plumbing experience. **Beginning November 1, 2007**, reference forms from those people listed in Part II must be included with the application.
Personal History: **Beginning November 1, 2007**, all applicants must include a background check with the application. This may be obtained from your local law enforcement center.
6. Examination: Pass the examination with a minimum score of seventy (70).

CREDIT FOR DEGREE IN ENGINEERING OR TECHNICAL INSTITUTION CERTIFICATE

Education may be applied to the experience requirements. See Board Rule 121-2-.02 (6).

Submit a transcript from your college or technical institute with your application, if applicable.

APPLICATION DEADLINES

Application, complete with all supporting attachments, documentation, and **nonrefundable** application fee, must be received in the Board office at least 60 days before the date of the examination.

The "Examination Scheduling Form" (AMP-GA 22) must be received by AMP (our testing service) at least 40 days prior to the examination. Due to Federal Law, these deadlines cannot be waived. Please do not ask AMP, the Board, or staff to consider late applications.

LAWS AND RULES – Read the Excerpts from Georgia Construction Industry Licensing Board Laws and Rules thoroughly before completing the application. See the complete laws and rules at the board's web site at: www.sos.ga.gov/plb/construct by clicking on download forms, plumbing, then excerpts from the Laws & Rules.

VETERANS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference, submit a copy of the DD214 form with the application.

DISABILITY ACCOMODATION

Persons who have a disability and may require accommodation should contact the Board office to obtain the "Request for Disability Guidelines" form. This application form, including requested documentation, must be received by the Board office by the application deadline.

YOUR COPY - Keep a complete copy of your application materials.

RE-EXAMINATION

Applicants who fail the examination and wish to retake the examination must submit a new "Examination Scheduling Form" (GA-22) and examination fee. AMP must receive this form at least 40 days prior to the examination. Applications are active for 2 years after the last examination taken by the applicant. Applicants who do not retake the examination during this 2-year period must submit a new application form and fee to the Board.

EXAMINATION REVIEW COURSE

Applicants who fail the examination twice must complete an approved examination review course. (See List in Application Package.) Documentation of a completed review course must be submitted to the Board office before being scheduled for the examination for the third time.

FOR QUESTIONS:

REGARDING THE APPLICATION – CONTACT THE BOARD IN WRITING AT THE ABOVE ADDRESS, or at (478) 207-1419.

REGARDING THE EXAMINATION – CONTACT AMP AT 1-(800) 345-6559.

Rev. 10/08

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt number _____



FOR BOARD USE ONLY

License no. _____

Date Issued _____

Applicant No. _____

GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD
Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440
www.sos.ga.gov/plb/construct

APPLICATION FOR LICENSE BY RE-EXAMINATION AS A
MASTER OR JOURNEYMAN PLUMBER
(Only for licenses lapsed for more than 3 years)
Application Fee \$150.00 Master Plumber (non-refundable)
Application Fee \$70.00 – Journeyman Plumber (non-refundable)
In the form of a company or personal check or money order made payable to GCILB

License number being reinstated:

Master Plumber non-restricted _____

Master Plumber restricted _____

Journeyman Plumber _____

Name _____
First Middle Last Suffix

_____-_____-_____/_____/_____
Social Security Number (for tracking purposes) **Date of Birth** (mm/dd/yyyy) (required)

Is this a new address? Yes _____

Physical Address _____
P.O. Box not acceptable Number and Street Apt. No City/State Zip

Is this a new address? Yes _____

Mailing Address _____
(if different) P.O. Box OR, Number and Street Apt. No City/State Zip

Telephone Number Day Telephone Number- Other

E-mail address: _____

_____ I am requesting Veterans' Preference Points. Attached is a copy of my DD-214

For Board Use Only

Approved by: _____ Date approved by Division _____

Disapproved by _____ Date disapproved by Division _____

Reason: _____

PART II – EXPERIENCE RECORD

INSTRUCTIONS:

- Applicants for a Journeyman License must list at least 3 years of experience.
- Applicants for a Master License must list at least 5 years experience, at least 2 years of which were as a licensed master plumber, licensed journey plumber, plumbing contractor, plumbing foreman, plumbing superintendent, or military plumber. Class II Non-Restricted Master Plumber applicants must describe experience with commercial or industrial plumbing.
- For each period of employment, list the information requested.
- Describe briefly, but concisely, the plumbing work you performed, your duties, and degree of responsibility. See Board Rule Chapter 121-2-.02 for a description of the experience requirements.
- Give the approximate number of hours per week and percentage of time you performed the duties described.
- **Attach additional pages, if necessary, using this format and writing your name at the top.**

SPECIFY WORK RELATING TO PLUMBING DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Name of Employer:		Phone:()
Employer's Complete Address:		
Name of Supervisor:	Job Title of Supervisor:	Type License Held:
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]
Approximate # of Hours/Week you performed duties listed below:		
Description of Plumbing Duties:		

Name of Employer:		Phone:()
Employer's Complete Address:		
Name of Supervisor:	Job Title of Supervisor:	Type License Held:
Your Job Title:	Employed: FROM: [Mo/Yr]	TO: [Mo/Yr]
Approximate # of Hours/Week you performed duties listed below:		
Description of Plumbing Duties:		

EXPERIENCE RECORD CONTINUED

Name of Employer:			Phone:()		
Employer's Complete Address:					
Name of Supervisor:		Job Title of Supervisor:		Type License Held:	
Your Job Title:		Employed: FROM: [Mo/Yr]		TO: [Mo/Yr]	
Approximate # of Hours/Week Employed:		Of Hours Employed, % time you performed duties listed below:			
Description of Plumbing Duties:					

Name of Employer:			Phone:()		
Employer's Complete Address:					
Name of Supervisor:		Job Title of Supervisor:		Type License Held:	
Your Job Title:		Employed: FROM: [Mo/Yr]		TO: [Mo/Yr]	
Approximate # of Hours/Week you performed duties listed below:					
Description of Plumbing Duties:					

Name of Employer:			Phone:()		
Employer's Complete Address:					
Name of Supervisor:		Job Title of Supervisor:		Type License Held:	
Your Job Title:		Employed: FROM: [Mo/Yr]		TO: [Mo/Yr]	
Approximate # of Hours/Week you performed duties listed below:					
Description of Plumbing Duties:					

PART III – REFERENCES

INSTRUCTIONS:

List below the names, addresses, telephone numbers, and license numbers of three (3) Licensed Plumbers, who have knowledge of your plumbing experience, to whom the Division may refer. At least one reference must be a Master Plumber.

Name: _____ Telephone Number: () _____

Address: _____
Street City State Zip Code

License #: _____ ☐ Master Plumber ☐ Journeyman Plumber

Name: _____ Telephone Number: () _____

Address: _____
Street City State Zip Code

License #: _____ ☐ Master Plumber ☐ Journeyman Plumber

Name: _____ Telephone Number: () _____

Address: _____
Street City State Zip Code

License #: _____ ☐ Master Plumber ☐ Journeyman Plumber

PART IV – PERSONAL HISTORY

Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or other state?

☐ No ☐ Yes If yes, explain _____

Have you: (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. ☐ No (attach a background check)

☐ Yes If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. Your application will not be processed until this information is received and reviewed by the Board.

☐ I am a U.S. citizen. ☐ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

PART V – CERTIFICATION

I, the undersigned applicant, certify that the information contained in this application is true to the best of my knowledge. I understand that any forged, false, or fraudulent information contained in this application is grounds for the Division to refuse to issue a license or to revoke any license issued based on this application. I authorize the Division to receive any criminal history record information concerning me from any state or local criminal justice agency.

Signature of Applicant

Date

Subscribed to and sworn before me this

_____ day of _____, _____.

Notary Public

My Commission Expires: _____

NOTARY SEAL

Secretary of State
Professional Licensing Boards
Division of Master & Journeyman Plumbers
237 Coliseum Drive
Macon, Georgia 31217-3858
www.sos.ga.gov/plb/construct

Dear Sir or Madam:

The applicant (individual) named on this form is required to furnish evidence of his or her ability, experience, and professional skill in the field of Plumbing. The applicant is required to furnish the State Construction Industry Licensing Board, Division of Master and Journeyman Plumbers with three professional references attesting to his or her qualifications. These references must be licensed plumbers with at least one reference from a Master Plumber. These references must have worked directly with the individual on plumbing projects.

The Division wishes to point out that the statements submitted must be from personal knowledge only and made with the full realization of the responsibility toward the public. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully, and completely the questions printed on the back of this letter. It is unlawful to make false statements regarding an applicant's experience.

Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division.

To further assure confidentiality, the enclosed form may be mailed by you (the reference) directly to:

Georgia State Construction Industry Licensing Board
Attn: application reference
Division of Master and Journeyman Plumbers
237 Coliseum Drive
Macon, GA. 31217-3858

Sincerely,
State Construction Industry Licensing Board
Division of Master & Journeyman Plumbers

J. Darren Mickler
Executive Director

**Division of Master & Journeyman Plumbers
Applicant Reference Form**

Professional reference for:(Individual's Name)_____

Your name _____

Your complete address and phone number_____

Company/firm you are associated with: _____

Company address: _____

Street

City/State/Zip

Type of plumbing license you hold, issuing state, and number: State _____

Master # _____ Journeyman # _____

How long have you known the applicant? From _____ To _____

Are you in any way related to the applicant? _____ No _____ Yes If yes, how _____

If the applicant is connected with a firm, partnership or corporation, please give its name, address & phone number_____

Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of plumbing: _____

Do you know anything that would reflect adversely on the applicant's integrity or character?

No____ Yes____ If yes, please explain: _____

Would you employ the applicant in a position of trust? _____ No _____ Yes

In your opinion, does the applicant have three (3) years of experience installing plumbing systems under a master plumber or 2 full years as a licensed journeyman plumber? _____ No _____ Yes

Do you recommend the applicant to be licensed as a _____ journeyman or _____ master restricted or _____ master non-restricted plumber

(In order to be allowed to take the master restricted or master non-restricted exam, the applicant must have held a state journeyman license for at least two (2) full years from issue date.)

I have read and understand the instruction letter accompanying this form. The above information is provided to assist the board in safeguarding the public against faulty plumbing work. I swear the above statements to be true to the best of my knowledge under penalty of law.

Signature_____ Date_____

Subscribed and sworn to before me this day: _____

Notary_____

Notary Signature & Date commission expires

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SEAL